Name in Full: James P. Ayers

CERTIFICATE OF DEATH

MARYLAND

District: Rossecroft | Town | County: Pr. Geo.

Date of death 1904: Month 4 | Day 24 | Age: Years 76 | Months — | Days —

Sex: Male | Color or Race: Black. | Birth-place: Md.

Married, Single or Widowed: Widower | Occupation: Laborer

Name of Wife or Husband: — —

Father's Name: — — | Father's Birthplace: —

Mother's Maiden Name: — — | Mother's Birthplace: —

Name of person giving Information: James S. Ayers | How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchitis & Indigestion | How long: 3 yrs

Immediate: Cardiac Exhaustion | How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. P. Simpson M.D.

Address: Rossecroft Md.

Age not definitely known

Accident or Suicide?

LIBRARY BUREAU A63316

Name in Full — Certificate of Death

Mary Amanda Barrow

Town: Landover — County: Prince Georges — Died at — MARYLAND

Date 1904 April 12 — Month / Day — Age: Y. 62 M. 7 D. — Native of: Maryland — Occupation:

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — Divorced — Number of children living: 3

~~Husband~~ / Wife of: Francis M Barrow

Father's Name: Josiah Suit — Mother's Maiden Name: Mary A Crawford

Cause of Death — Primary: Grippe — How long sick: 6 weeks

Immediate: Cardiac weakness — ~~Accident, Suicide, Homicide~~

Reported by: John E Sansbury

Address: Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Elizabeth N Bolling

Died at Town Brentwood County Prince George's MARYLAND

Date 1904 Month Apr Day 4th Age Y. 7 M. 7 D. Native of Md Occupation

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single Widow Widowed ~~Divorced~~ ~~Number~~ of children living

Husband of Wife

Father's Name L S Bolling Mother's Name G. T. Bolling

Cause of Death: Primary Natural Causes How long sick one hour

Immediate

Accident, Suicide, Homicide

Reported by Augustus H Adelder act. Coroner

Address Bladensburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full: Katie Butler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bird Land County: P.G.

Date of death 1904: Month: April Day: 27th Age: Years: 6 Months: Days:

Sex: Female Color or Race: Black Birthplace: Md

Married, Single or Widowed: Occupation:

Name of Wife or Husband:

Father's Name: Unknown Father's Birthplace: Unknown

Mother's Maiden Name: Unknown Mother's Birthplace: Md

Name of person giving Information: Will, Butler How related to deceased: Stepfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption How long: 1 year

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? As far as known

Signature of Physician: J. L. Wainwright.

Address:

Accident or Suicide?

LIBRARY BUREAU A8901a

Name in Full: Mary E. Cook

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Kedlewood; County: P.G.

Date of death 1904: Month: April; Day: 7th; Age: Years: 74; Months: —; Days: —

Sex: Female; Color or Race: White; Birth-place: P.G. Co

~~Married, Single or~~ Widowed; Occupation:

Name of Wife or Husband: [illegible]

Father's Name: [illegible]; Father's Birthplace: [illegible]

Mother's Maiden Name: [illegible]; Mother's Birthplace: [illegible]

Name of person giving In formation: Richard Cook; How related to deceased: Son

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: La Grippe; How long: Three weeks

Immediate: Congestion brain; How long: 36 hours

Are the name, age, sex, color, date and place correctly given above? As far as I know

Signature of Physician: J. L. Wanty

Address: Clinton

~~Accident or Suicide?~~

LIBRARY BUREAU A66516

Name in Full: Richard Douglas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clinton — County: P.G.

Date of death 1904: Month: April — Day: 29th — Age: Years: — Months: 9 — Days:

Sex: Male — Color or Race: Black — Birthplace: Md

~~Married~~, Single, ~~or Widowed~~ — Occupation:

Name of Wife or Husband: —

Father's Name: Sam, Douglas — Father's Birthplace: Md

Mother's Maiden Name: Burkett — Mother's Birthplace: Md

Name of person giving information: Sam, Douglas — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal Meningitis — How long: 3 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? As far as known

Signature of Physician: J. L. Waring

Address: Clinton.

~~Accident or Suicide~~?

LIBRARY BUREAU A88816

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mary Fletcher

Died at — Town: Mitchellville — County: Prince George

Date of death 1904 — Month: apr — Day: 21

Age — Years: 1 — Months: — — Days: 3

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: Osborne Fletcher — Father's Birthplace: Maryland

Mother's Maiden Name: Lizzie Johnson — Mother's Birthplace: "

Name of person giving Information: Lizzie Johnson — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pertussis — How long: 5 days

Immediate: " — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Walker M. D.

Address: Mitchellville, Md.

Accident or Suicide? —

LIBRARY BUREAU AUG516

Name in Full: Elizabeth L. Garner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Northkeys County: Pr Ges

Date of death 190 of: Month: April Day: 18 Age: Years: 84 Months: 11 Days: 10

Sex: Female Color or Race: White Birthplace: A A Co Md

Married, Single or Widowed: Widowed Occupation: None

Name of Wife or Husband:

Father's Name: Alfred Freeland Father's Birthplace: A A Co Md

Mother's Maiden Name: Mary Hodgkin Mother's Birthplace: " " " "

Name of person giving In formation: H. E. DuBois How related to deceased: Grandson

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hypnic Heart disease How long: Years

Immediate: " Failure How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H Gibbons

Address: Crown Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88318

Name in Full: Ann E. Gibbons

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: T.B. County: Tr Co

Date of death: 1904 Month: 4 Day: 17 Age: Years: 64 Months: 7 Days:

Sex: Female Color or Race: White Birthplace: Md

Occupation: Housekeeper Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Husband: Wm A. Gibbons

Father's Name: W. Hanson Gruner Father's Birthplace: Md

Mother's Maiden Name: Keziah Clubb Mother's Birthplace: Md

Name of person giving Information: W. A. Gibbons How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis How long: Several years

Immediate: Asthenia How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John A. Cox M.D.

Address: T.B. Md

Accident or Suicide? X

LIBRARY BUREAU A03316

Name in Full Leonard Eisenhauer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Friendly County: Prince Georges

Date of death 1904 Month: April Day: 5th Age: Years: 53 Months: Days:

Sex: Male Color or Race: White Birthplace: Va

~~Married~~, Single ~~or Widowed~~ Occupation:

Name of Wife or Husband:

Father's Name: Unknown Father's Birthplace: Va

Mother's Maiden Name: Unknown Mother's Birthplace: Va

Name of person giving Information: Hyland Harman How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 5 days

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? As to

Signature of Physician: J. L. Waring

Address: Clinton

so far as heard.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Cinderella E. Grimes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Oxon Hill; County: Prince Geo

Date of death 1904: Month: Apr.; Day: 1; Years: 63; Months: 4; Days: 26

Sex: Female; Color or Race: White; Birthplace: M-d

Married, Single or Widowed: Married; Occupation: House wife

Name of Wife or Husband: Richard F. Grimes

Father's Name: Henry V. Sims; Father's Birthplace: M-d

Mother's Maiden Name: Catherine Lyddsay; Mother's Birthplace: M-d

Name of person giving In formation: Richard F. Grimes; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Obstruction of Bowels; How long: 5 days

Immediate: Asthenia; How long: two days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. M. Parker M.D.

Address: Rose Croft - M-d

Accident or Suicide?

LIBRARY BUREAU A69316

Name in Full — Harper

CERTIFICATE OF DEATH

MARYLAND

Died at Crown Station — P. G. County

Date of death 1904 — Month 4 — Day 6 — Age Years — Months — Days 2

Sex Female — Color or Race Black — Birthplace P G Co

Occupation — Where Residing if not at place of death —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Henry Harper — Father's Birthplace P. G. Co

Mother's Maiden Name Hattie Brooks — Mother's Birthplace " "

Name of person giving Imformation Henry Harper — How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Don't Know — How long Born sick

Immediate " " — How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician Henry Harper, Father

Address Crown Station Md.

Accident or Suicide?

LIBRARY BUREAU Ad8316

Name in Full: Sadie Elizabeth Harrison

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Largo — County: P. Geo

Date of death 1904 — Month: April — Day: 21 — Age — Y: 7 — Months: 7 — Days: 7

Sex: Female — Color or Race: Colored — Birthplace: Largo

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Frank Harrison — Father's Birthplace: P. Geo Co

Mother's Maiden Name: Annie Harrison — Mother's Birthplace: " "

Name of person giving Imformation: Frank Harrison — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: —

Immediate: Respiratory failure — How long: 48 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Melanie Carroll MD

Address: Hall, Maryland

Accident or Suicide?

LIBRARY BUREAU A66316

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mary Elizabeth Henson

Died at: Town: Chapel Hill; County: Pr. Ges.

Date of death 1904: Month: 4; Day: 22

Age: Years: 23; Months: —; Days: —

Sex: Female

Color or Race: Black

Birthplace: Md.

Married, Single or Widowed: Married

Occupation: Housewife

Name of Wife or Husband: Charles. D. Henson

Father's Name: John Bingham

Father's Birthplace: Md

Mother's Maiden Name: Maria V. Bingham

Mother's Birthplace: Md

Name of person giving In formation: Chas. D. Henson

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis

How long: 6 mo

Immediate: Exhaustion

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. P. Simpson M.D.

Address: Roseroft Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Sarah Lewis.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Upper Marlboro; County: Prince George's

Date of death 1904: Month: 4; Day: 13

Age: Years: about 48; Months: —; Days: —

Sex: Female

Color or Race: Colored

Birthplace: Maryland.

Married, Single or Widowed: Married

Occupation: Housewife

Name of Wife or Husband: Lewis

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving information: Lucy Ross by M. D. H. M. D.

How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Insane

How long:

Immediate: Exhaustion

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Warren D. Humes M.D.

Address: Upper Marlboro Md.

Accident or Suicide? —

LIBRARY BUREAU A8981G

Name in Full: Minnie A. Long

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Camp Stuart, County: P. G.

Date of death 1904: Month: April, Day: 15, Age: Years: 28, Months, Days

Sex: Female | Color or Race: White | Birthplace: Md

Married, ~~Single or Widowed~~ | Occupation: Housework

Name ~~of Wife or~~ Husband: William Long

Father's Name: Francis H. Dayne | Father's Birthplace: Md

Mother's Maiden Name: — Lanham | Mother's Birthplace: Md

Name of person giving information: Sam Wood | How related to deceased: Uncle by marriage

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption | How long: 14 mos

Immediate: Exhaustion | How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician: J. L. Wantz

Address: Clinton

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Ella Grinder McCoy

200

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Washington D C — County:

Date of death: 1904 — Month: April — Day: 14 — Years: Age 16 — Months: 4 — Days: 7

Sex: Female — Color or Race: White — Birthplace: Williamsport.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name or Wife or Husband: —

Father's Name: Walter R. McCoy — Father's Birthplace: Funkstown Md

Mother's Maiden Name: Clara Grinder — Mother's Birthplace: Williamsport

Name of person giving In formation: J F Kilgus — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 6½ ths

Immediate: Acute Tuberculosis — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Feldhauser

Address: Washington D.C.

Accident or Suicide?

LIBRARY BUREAU A68315

Name in Full: Mary Pearlon Mc Kibrick

CERTIFICATE OF DEATH

MARYLAND

Died at Mayfield Town. Cecil County.

Date of death 1904 Month Apr. Day 27 Years 29 Months Days

Sex female Color or Race white Birthplace Balto

Occupation House work Where Residing if not at place of death at Elyse & Dett.

Married, Single or Widowed married Name of Wife or Husband James Mc Kibrick

Father's Name Frances Mc Kibrick Father's Birthplace Balto

Mother's Maiden Name Mary E Lee Mother's Birthplace Balto

Name of person giving Information John A Mc Kibrick How related to deceased Brother-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pneumonia How long 2 wks

Immediate Asthma. How long 2 yrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician C. F. Perry

Address Laurel Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Roberta Virginia Miller

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Riverdale County: Prince George

Date of death 1904 Month: April Day: 30 Age Years: 1 Months: 7 Days: 16

Sex: Female Color or Race: White Birthplace: Riverdale, Md.

Occupation: —— Where Residing if not at place of death: " "

Married, Single or Widowed: —— Name of Wife or Husband: ——

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Otis H. Miller Father's Birthplace: Ohio.

Mother's Maiden Name: Mary E. Hall Mother's Birthplace: Pa.

Name of person giving Information: Otis H. Miller How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease How long: Unknown

Immediate: Eclampsia. How long: about 7 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. M. McMillan, M.D.

Address: Riverdale, Md.

Accident or Suicide? ——

LIBRARY BUREAU A66516

Name in Full: Gertrude Grace Moore

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Forestville — County: Prince Georges

Date of death 1904 — Month: April — Day: 29 — Age — Years: — — Months: — — Days: 11

Sex: Female — Color or Race: white — Birthplace: Md

Married, Single or Widowed: single — Occupation: —

Name of Wife or Husband: —

Father's Name: Oliver Moore — Father's Birthplace: Md

Mother's Maiden Name: Laura Brown — Mother's Birthplace: Md

Name of person giving Information: Oliver Moore — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long:

Immediate: General Debility — How long: 11 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E. Sandberg M.D.

Address: Forestville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Thomas Nichols

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Forrestville — County: Prince Georges

Date of death 1904: Month: apl — Day: 13 — Age: Years: 60 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed: Married — Occupation: Laborer

~~Name of Wife or~~ Husband: of Rachel Nichols

Father's Name: Abram Nichols — Father's Birthplace: Md

Mother's Maiden Name: Millie Brogden — Mother's Birthplace: Md

Name of person giving In formetion: Julius Nichols — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 1 year

Immediete: ——— — How long

Are the name, ege, sex, color, date end place correctly given ebove? Yes

Signature of Physician: John E Sandberg

Address: Forrestville Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A86016

Name in Full

Certificate of Death

Wm C Sampson

Died at East Hyattsville P G Co. MARYLAND

Town County

Date 1904 April 20 Age Y. 72 M. – D. –

Native of N.J. Occupation teacher

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Wife Rebecca Sampson

Father's Name W. Sampson

Mother's Name Rebecca Sampson

Cause of Death: Primary Senile Atrophia (Paralysis) How long sick 8 months

Immediate

Accident, Suicide, Homicide

Reported by V L Peak M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55858

Name in Full: Charlotte Seabourn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dadon — County: Pr

Date of death 1904: Month: April — Day: 22 — Years: Age 68 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Pr. Geo. Co Md

Married, Single or Widowed: Single — Occupation: Housewife

Name of Wife or Husband: -

Father's Name: James Seabourn — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: Geo W. Carroll — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 2 yrs

Immediate: Exhaustion — How long: 2 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W Winfred Brown

Address: Aquasco Md

Accident or Suicide?

LIBRARY BUREAU A83316

Name in Full: Morton S. Shaffer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Laurel — County: Pr. Geo.

Date of death 1904 — Month: April — Day: 13 — Age — Years: 18 — Months — Days: 23

Sex: Male — Color or Race: White — Birthplace: Laurel Md

Married, Single or Widowed — Occupation: School boy

Name of Wife or Husband

Father's Name: Chas. F. Shaffer Jr. — Father's Birthplace: Laurel Md

Mother's Maiden Name: Annie Carley — Mother's Birthplace: Laurel Md

Name of person giving In formation: C. F. Shaffer — How related to deceased: Grand Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Abscess — How long: 4 weeks.

Immediate — How long

Are the name, age, sex, color, data and place correctly given above? Yes — Signature of Physician: J. N. Hunt M.D. — Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A8P310

Name in Full: Sarah Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Clinton; County: P. Geo

Date of death 1904: Month: April; Day: 5th; Age: Years: 31; Months; Days

Sex: Female; Color or Race: Black; Birthplace: D. C.

~~Married~~, Single or ~~Widowed~~; Occupation: Housework

Name of Wife or Husband:

Father's Name: Lemuel Smith; Father's Birthplace: Va

Mother's Maiden Name: Rebecca Howard; Mother's Birthplace: D. C.

Name of person giving information: Chas. Burgess; How related to deceased: Step father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption; How long: 12 mos

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? As far as known

Signature of Physician: John L. Belt

Address: Clinton

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Stillborn

Died at Town Gladensburg County Prince Geo. MARYLAND

Month Day Y. M. D. Native of Occupation

Date of Apr. 8th Age

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name C. W. Snyder

Mother's Name M. A. Snyder

Cause of Death: Primary

Immediate Stillborn

How long sick

Accident, Suicide, Homicide

Reported by Catherine

Address Upper Marlboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 63968

Name in Full: Adrain Stewart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: New Marlboro — County: P. Geo

Date of death 1904	Month	Day	Years	Months	Days
	4	10	Age 78		

Sex: Male

Color or Race: Colored

Birth-place: Md.

~~Married, Single~~ or Widowed

Occupation: Farm hand

Name of Wife or Husband: Caroline Stewart

Father's Name: Dyer Stewart — Father's Birthplace: Md

Mother's Maiden Name: Rebecca Stewart — Mother's Birthplace: Md

Name of person giving In formation: Enoch Stewart — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: 3 hrs

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Reverdy Parsons

Address: upper Marlboro Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Elizabeth Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sharpsburg — County: Prince Georges

Date of death 1904 — Month: 4 — Day: 17

Age — Years: 90 — Months: — Days:

Sex: Female

Color or Race: Colored

Birthplace: Maryland

Married, Single or Widowed: Married

Occupation: Home-wife

Name of Wife or Husband: Henry Thomas

Father's Name: William Sanders

Father's Birthplace: Md

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Dr. E. D. Hoyt

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old-age — How long:

Immediate: Heart-Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. D. Hoyt. M.D.

Address: Pleasantville Md

Accident or Suicide?

LIBRARY BUREAU A08316

Name in Full: Found dead in ditch Unknown infant

CERTIFICATE OF DEATH

MARYLAND

Ward or Locality: Colesville Park | Town | County: Prince George

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: April	Day: 5th	Age: Infants	Years	Months / Days
Sex	Color or Race: Colored (?)		Birthplace		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name: Unknown			Father's Birthplace		
Mother's Maiden Name: Unknown			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: "Found dead in ditch" — How long

Immediate: From appearances it met death by violent means" — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John G. Hickey

Address: Acting Coroner

Accident or Suicide: Verdict from Jury of Inquest

LIBRARY BUREAU A66516

Found dead and infant in ditch at College Park, Prince George's County, Md. about 1 oo'clock this 5th day of April, 1904. Came to my notice yesterday afternoon. Subpoena'd Col. D. D. A. B. McDaniel to view premises and determine how long the last two dead, but from appearance it was recent, by violent means.

John H. Hilpert,
County Coroner.

April 5th 1904.

Paid from
Block of Justice
M.S.R.

Name in Full: Unnamed child

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Collington — County: Prince George

Date of death 1904 — Month: apr — Day: 25 — Age — Years: — — Months: — — Days: 7

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Wall — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Burgess — Mother's Birthplace: "

Name of person giving In formation: John Wall — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mal-nutrition — How long: 7 days

Immediate: " " — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A.R. Walker M.D.

Address: Mitchellville, Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Sarah M. Ware

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Meadows — County: Prince George

Date of death 1904: Month: 4 — Day: 13

Age: Years: 76 — Months: 11 — Days: 11

Sex: Female — Color or Race: White — Birthplace: St Marys Co

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: J. Frank Ware

Father's Name: Charles Scott — Father's Birthplace: St Marys Co

Mother's Maiden Name: Dorety Thompson — Mother's Birthplace: St Marys Co

Name of person giving In formation: John E. Ware — How related to deceased: Step Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La. Grippe — How long: 2 weeks

Immediate: Heart-trouble. — How long: 10 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E. Sansbury

Address: Forestville Md

Accident or Suicide?

LIBRARY BUREAU A83518

Name in Full: Fanny White

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shades House — County: P. G.

Date of death 1904: Month: April — Day: 14th — Age: Years: 88 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

~~Married, Single~~ or Widowed — Occupation:

Name of Wife or Husband: Unknown

Father's Name: Unknown — Father's Birthplace: Md

Mother's Maiden Name: Foster — Mother's Birthplace: Md

Name of person giving information: Sam, Beall — How related to deceased: Nurse

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility — How long: 6 mos

Immediate: Paralysis — How long: 18 hours

Are the name, age, sex, color, date and place correctly given above? As for

Signature of Physician: J. L. Waring

Address: Calvert Co

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: John T Winsor

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Cheltenham County: Pr Geo

Date of death 1904: Month: April Day: 3

Age: Years: 73 Months: Days:

Sex: Male Color or Race: White Birthplace: Pr Geo Co

Married, Single or Widowed: Married Occupation: Farming

Name of Wife or Husband: Elizabeth

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Wm. H. Taylman How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lagrippe & Pneumonia How long: 10 days

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Gibbons

Address: Croom Md

Accident or Suicide?

LIBRARY BUREAU A8781G